

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NORTH DAKOTA  
WESTERN DIVISION**

The State of KANSAS, the State of NORTH DAKOTA, the State of ALABAMA, the State of ARKANSAS, the State of FLORIDA, the State of IDAHO, the State of INDIANA, the State of IOWA, the Commonwealth of KENTUCKY, the State of MISSOURI, the State of MONTANA, the State of NEBRASKA, the State of NEW HAMPSHIRE, the State of OHIO, the State of SOUTH CAROLINA, the State of SOUTH DAKOTA, the State of TENNESSEE, the State of TEXAS, and the Commonwealth of VIRGINIA,

Plaintiff,

v.

UNITED STATES OF AMERICA and the CENTERS FOR MEDICARE & MEDICAID SERVICES,

Defendants.

CIVIL ACTION NO. 1:24-cv-00150-DMT-CRH

**DECLARATION OF GEORGE ESCOBAR, CHIEF OF PROGRAMS AND SERVICES  
FOR CASA, INC.**

I, George Escobar, upon my personal knowledge, hereby submit this declaration pursuant to 28 U.S.C. § 1746 and declare as follows:

1. I am the Chief of Programs and Services of CASA, Inc. (CASA). I have worked at CASA for fourteen years.
2. CASA is a non-profit membership organization headquartered in Langley Park,

Maryland with offices in Maryland, Virginia, Pennsylvania, and Georgia.

3. Founded in 1985, CASA is the largest membership-based immigrant rights organization in the mid-Atlantic region, with more than 150,000 lifetime members from across the United States. CASA's members are predominantly noncitizens with a variety of immigration statuses.

4. CASA's mission is to create a more just society by building power and improving the quality of life in working-class Black, Latino/a/e, Afro-descendent, Indigenous and immigrant communities. From our beginnings in a church basement, at CASA we have envisioned a future with diverse and thriving communities living free from discrimination and fear, working together with mutual respect to achieve human rights for all.

5. In furtherance of this mission, CASA offers a wide variety of social, health, job training, employment, and legal services to immigrant communities in Maryland, Washington, D.C., Virginia, Pennsylvania, and Georgia. CASA also conducts campaigns to inform members of immigrant communities of their rights and assists individuals in applying for a variety of immigration benefits before the U.S. Citizenship and Immigration Services (USCIS) and other government benefits, including accessing health insurance through the Affordable Care Act (ACA) marketplace.

6. In my role as Chief of Programs and Services, I oversee CASA's portfolio of community-facing direct services, including its health, legal, and educational services; employment and workforce development programs; financial literacy and tax programs; and parent engagement programs. An important part of my role is to understand the needs and

experiences of our members so that I can work with my staff to design appropriate interventions to address those needs. I therefore speak frequently with community members and receive feedback from my staff regarding CASA members' fears, concerns, and decisions.

7. DACA recipients are a significant portion of our membership. CASA is the number one organization in Maryland assisting DACA recipient filings. Our membership includes at least 2,745 DACA recipients.

8. CASA operates a public benefits outreach and enrollment program that assists community members to understand and enroll in various government assistance and health insurance programs. CASA also offers a multilingual hotline to answer member questions and questions from the public.

9. We also help to facilitate access to medical services. For example, in Virginia we partner with medical providers like Kaiser and Advanced Ophthalmology to offer free medical services, host vaccine clinics, work closely with local food pantries, and provide clothing vouchers of clothing for eligible members through Goodwill's Good Samaritan program.

10. ACA enrollment is of great interest to our members in light of the financial and health security it would bring them. The number one advocacy and service provision priority for our members has always been access to healthcare. Our multilingual healthcare hotline receives about 3-4,000 calls per month, and 30-40% are regarding ACA enrollment. In the last fiscal year (July 2023 through June 2024) we provided assistance to 2,354 individuals navigating enrolling in an ACA Qualified Health Plan, Medicaid, or CHIP coverage option.

11. We routinely hear from our members when they experience issues accessing

health care, so we have long been aware of the gap in access to affordable health insurance for DACA recipients who would otherwise qualify for Qualified Health Plans in the ACA marketplace. A common scenario we see is our DACA members achieving a modest increase in income, and then suddenly losing access to healthcare coverage under programs for low-income individuals like Kaiser Permanente's Community Health Access Program (CHAP), even though they still do not earn enough to afford private commercial insurance. This gap in coverage leads to financial instability, which is particularly harmful to DACA recipients who are finding financial and educational success and looking to improve their health and build a future. Access to the ACA marketplaces would enable these members to receive essential health services such as primary and preventative care and support their ability to lead stable and productive lives.

12. On May 8, 2024, the Centers for Medicare and Medicaid ("CMS") issued a Final Rule which clarified that the term "lawfully present" included DACA recipients as individuals with deferred action and work authorization, which would make them eligible to access ACA marketplaces. That rule is set to go into effect on November 1, 2024 in time for Open Enrollment.

13. This rule would affect all our members who are DACA recipients because they would be able to purchase insurance through the ACA marketplaces.

14. CASA members have spent extensive time, outside of their work and family obligations, to understand their financial, health, and long-term goals and determine if they qualify for and how to enroll in ACA marketplace plans. Because the Final Rule allows for stability of health insurance without needing to rely on employer-based care, CASA members

have made financial and personal decisions based on their well-researched and well-informed expectations to enroll in affordable coverage.

15. CASA, as an organization, has also invested significant resources in preparation for the implementation of the Final Rule. We are excited the Final Rule will improve CASA members' access to healthcare. Knowing the importance of the Final Rule to our community, CASA's staff has already expended significant resources to educate our community and prepare to assist them applying for coverage: explaining the complex regulatory framework to our community, counseling members to help them decide whether and how to access plans in the ACA marketplaces. We have created educational materials, drafted plans to expansively enroll members, and trained and prepared staff to help enroll members. We estimate the efforts so far to inform and prepare our community have taken extensive staff time from two staff who help members sign up for care ("navigators") – about 15% of their Full Time Equivalent (FTE) – as well as from six of our organizers.

16. If the rule is paused during the upcoming Open Enrollment, CASA and its members would experience significant disruption. CASA would have to leverage significant resources to re-educate our population and would have to shift resources from some of our core programming to assist our members in seeking alternative health coverage or financial resources—all at the expense of our overall mission and other efforts. We estimate that, over a period of four to six months, CASA would need to assign two of our Health Navigators to devote approximately 33% of their time to helping eligible DACA recipients to secure alternative healthcare options if implementation of the Final Rule is delayed. In addition, we anticipate a

comparable impact to our Organizing team—during this same 4-6 month time period, we estimate that two organizers would have to devote nearly 33% of their time to educating and counseling DACA recipients and community advocates about the legal changes. Together, this equates to at least \$33,000 in staff salaries that CASA will need to spend to address the delay of the Final Rule. Time spent on this issue also places a greater burden on performing and complying with deliverables we have on other grants, which also significantly threatens our funding sources.

17. Similarly, CASA members who have made personal and financial decisions in reliance on the rule would have to change their personal and health goals, potentially delay needed care, and experience renewed anxiety about their health, financial stability, and future. CASA members would be immediately and irreparably harmed by foregoing the benefits of the Final Rule.

18. Named Intervenors Claudia Moya Lopez and Hyun Kim are but two examples of CASA's many members who qualify under the Final Rule for Qualified Health Plans in the ACA marketplaces, such as Virginia's Insurance Marketplace, and who intend to apply and purchase affordable coverage. Both have significant health care needs, and for both, affordable coverage would mean financial stability to work and invest in their respective futures.

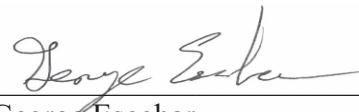
19. For CASA's members, the Final Rule represents bridging of a troubling gap in health care coverage that had kept DACA members from realizing their educational or employment dreams. Without the Final Rule, CASA's members who have DACA but who do not have coverage through an employer, for example those who own small businesses,

experience direct financial injury and harm to their ability to access healthcare. With the Final Rule and enrollment on November 1, 2024, CASA's members would not be arbitrarily excluded from the ACA marketplace, allowing them to live healthy, financially stable lives, and thrive.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Dated: September 19, 2024

Respectfully submitted,

  
George Escobar